Maryland Disability and Employment Status Report 2008-2011

Prepared for:
Jade Gingerich
Director of Employment Policy, Maryland Department of Disabilities
217 E. Redwood Street, Suite 1300 Baltimore, Maryland 21202
jgingerich@mdod.state.md.us

Prepared by:
Jing Li
The Jacob France Institute,
Merrick School of Business
University of Baltimore
jli@ubalt.edu

David Stevens
Executive Director, The Jacob France Institute
Merrick School of Business
University of Baltimore
dstevens@ubalt.edu

Table of Contents

List of Figures

Acknowledgement

We are grateful for the collective support provided by the Maryland Department of Disabilities. Jade Gingerich laid out a vision for the need to examine Maryland specific situations facing individuals with disabilities on their paths to independence and inclusion. Rachael Faulker directed us to postsecondary and employment outcome measures for transitioning youth with disabilities, highlighting concern for such individuals at critical junctures. Meg Donnelly and other staff members reviewed the original manuscript multiple times and offered valuable substantive and editorial advices for improvement.

Sarah von Shrader at The Employment and Disability Institute of Cornell University directed us to their online interactive tool to for us to easily develop illustrations and accompanying narratives for the most cited issues and impairments among Maryland employment discrimination charges. The Employment and Disability Institute at Cornell University is exemplary of leading research in the field, and provides us with continuous inspirations.

Finally, the disability community as a whole proved a remarkable driving force in demanding measured progress in research and policy-making, without them many indicators would not have been collected in the first place. Needless to say, any mistakes or inaccuracies are entirely our own.

EXECUTIVE SUMMARY

This report updates available information about the employment and earnings status of Maryland residents with a reported disability.

- Almost 1 in 12 working age Maryland residents has a reported disability. The disability rate among the age group 35-64 is higher than for the age group 18-34.
- In Maryland, African Americans do not have a significantly higher disability prevalence rate than white people, both at about 11%. American Indians and Alaskan Natives are more than twice as likely to have a disability, while Asians and Hispanics are about half as likely to report a disability.
- Baltimore City has the most individuals with a reported disability, regardless of type. Baltimore County, Prince George's County, Montgomery County and Anne Arundel County also have more individuals with reported disabilities than do other Maryland counties.
- Allegany County, Baltimore City, Washington County, Wicomico County and St. Mary's County are the 5 jurisdictions that reported higher disability rates above 10% among working-age Marylanders.
- Almost a quarter of Marylanders age 25 and over and with a disability do not have a high school diploma, while about 1 in 11 of their peers with no disability is in the same position. On the other hand, about 43% of Marylanders age 25 and over and with a disability obtained post-secondary education, including some college or associate's degree, while two thirds of Marylanders with no disability were able to do so.
- Nearly one third of working-age Marylanders with a disability are employed compared with 77.3% Marylanders with no disability.
- Working-age Marylanders with a disability are over three times more likely to exit the labor force than non-disabled peers.
- 55% of working-age Marylanders with no disability worked full-time year-round in the past 12 months, while only 23% of their fellow Marylanders with a disability were fortunate to do so. The proportion of people who worked less than full-time year-around among Marylanders with no disability is 27%, compared to 20% of those with a disability.
- Working-age Marylanders with disabilities are significantly less likely than non-disabled individuals to be in management, business, and science and arts occupations.
- In Maryland, industries reported significantly less representation of individuals with a disability include construction; finance and insurance, and real estate and rental and leasing; information; and wholesale trade.
- In Maryland, working-age individuals with a disability are 130% more likely to be below 100% of the poverty level in the past 12 months than fellow Marylanders with no disability, however employed individuals have much better chances in escaping poverty, regardless of disability status.
- Median earning of Marylanders with a disability is $26,749, compared with $40,097 for those with no disability, displaying an over $13,000 earning gap.

Introduction

The Maryland Department of Disabilities (The Department) is committed to ensuring that Maryland residents with disabilities have meaningful employment and training opportunities and appropriate incentives to work. To achieve these outcomes, the Department promotes cross agency collaboration and systems change in support of Marylanders with disabilities. This is pursued through partnerships with Maryland's disability community, the Maryland Commission on Disabilities, the Interagency Disabilities Board and other State agencies. The Department also develops policies that address the changing needs of the disability community and impact overall systemic efficiency.

Many individuals with a disability want and are able to work. This is a key rationale behind the Department's work and vision. Researchers have long considered disability definitions based on impairments alone obsolete (Stapleton 2004). With rapid advancement of medical and assistive technologies, many kinds of impairments have become manageable. The disability community nationwide has long expressed strong interest in promotion of employment opportunities, and recognizes employment as a desirable path to self-support and advances social inclusion, both before and after the initial enactment of the Americans with Disabilities Act (ADA) in 1990. The State of Maryland added disability language to its Employment Discrimination laws as early as 1974. Most other states also addressed employment discrimination based on disabilities through legislation before 1990 (Hotchkiss 2003).

The passage of the ADA was a landmark that recognized the right of individuals with disabilities to fully integrate into mainstream society, and faulted perceptions of abnormality and a destiny of life-long welfare dependence. The ADA also requires employers to provide reasonable accommodations for qualified individuals with disabilities, ensuring that they have employment opportunities comparable to peers without disabilities.

Twenty years after enactment, debate continues about how the ADA impacts employment outcomes of protected individuals. Through the course of these debates, key indicators have emerged that measure factors that may influence employment outcomes for people with disabilities. These indicators help individuals with disabilities to understand their own employment and what can be done to improve their circumstances, and at the same time help policy makers, public and private service providers, and advocates to coordinate and support such efforts.

The ADA Amendments Act of 2008 (ADAAA) was enacted on September 25, 2008, and went into effect on January 1, 2009. One key purpose of the ADAAA is confirming "broad scope of protection" associated with the definition of the term "disability." Before the ADAAA, individuals with many types of impairments – for instances epilepsy, diabetes, multiple sclerosis, major depression, and bipolar disorder – had been unable to cite ADA for protection because these impairments were determined to be outside the scope of the ADA's definition of "disability." As a result of the ADAAA, it will be much easier for individuals seeking the law's protection to demonstrate that they meet the definition of "disability." (U.S. Equal Employment Opportunities Commision, 2013)

Several well-known trends strengthen the nation's business case for promotion of employment opportunities for underutilized individuals with disabilities. Baby boomers have begun to reach the historical retirement age of 65, although this 'spike' in retirements has been weakened by the 2007-2009

recession. The aging of the population also accelerates and broadens staffing demands in health care industries. Unfortunately, national, state and local fiscal stresses threaten the nation's ability to respond quickly and effectively to these trends.

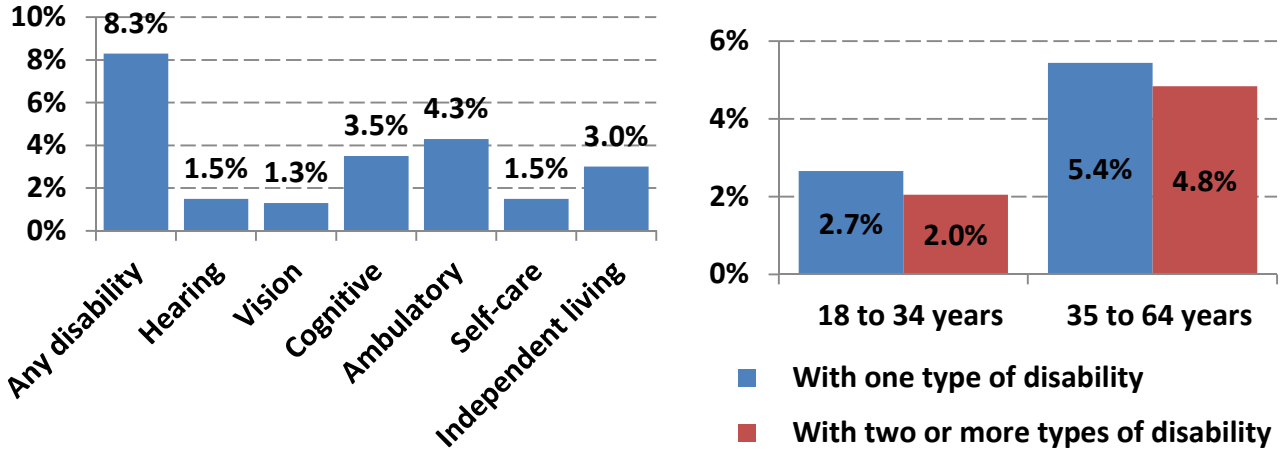
This is the context underlying the need for an updated status report specific to Maryland and the State's population of individuals with disabilities. Snapshots of disability and employment among working age Maryland residents are presented in four sections:

- We first offer a portrayal of the current employment status of working age Maryland residents with a reported disability.
- We then turn our attention to a comparison of Maryland circumstances as the 2007-2009 recession arrived and began to recede, and continue to monitor the anemic economic recovery especially employment progress or the lack thereof.
- We conclude with a brief review of available public support programs in Maryland and the utilization rate.

Employment Status of the Disability Community in Maryland

Overall, one out of twelve working-age Marylanders (18-64 years old) has one or more types of reported disability[1]. Only seven other states have lower disability rate than Maryland among this age group: Illinois, Minnesota, Utah, California, North Dakota, Hawaii and New Jersey.[2] Figure 1 also shows that 1 out of 23 working age Marylanders experiences an ambulatory difficulty, meaning that they have serious difficulties in walking or climbing stairs. 1 in 29 working age Marylanders has a cognitive difficulty, meaning that they have serious difficulty in concentrating, remembering or making decisions. More than 1 out of 33 Marylanders have difficulty "doing errands alone such as visiting a doctor's office or shopping."[3] Those with a hearing difficulty, a vision difficulty, or a self-care difficulty respectively take up 1% to 2% of all working-age Marylanders. Those associated with only one type of disability outnumbered those with two or more types of disabilities, and this comparison applies to both younger and older population groups.

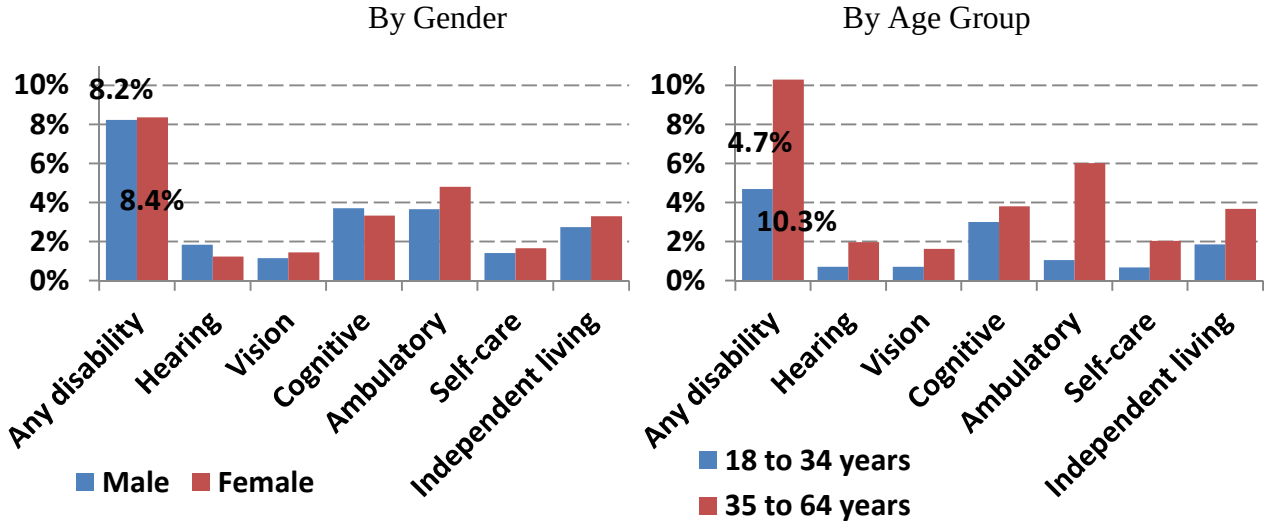
Figure 1. Disability Rate among Working-Age (18-64) Marylanders, by Types of Disability, 2011



Source: 2011 American Community Survey 1-Year Estimates, Maryland, Table S1810, Disability Characteristics; Table B18108, Age by Number of Disabilities. Universe: civilian non-institutionalized populations age 18-64 (left); civilian non-institutionalized populations in each age group (right).

Figure 2 displays the gender and age patterns for disability rate among working-age Marylanders. Slightly more working-age women living in Maryland experience vision, ambulatory and independent living difficulties than working-age men. Disability rate among the older age group (35-64) is predominantly higher than the younger age group (18-34), for any type of difficulty.

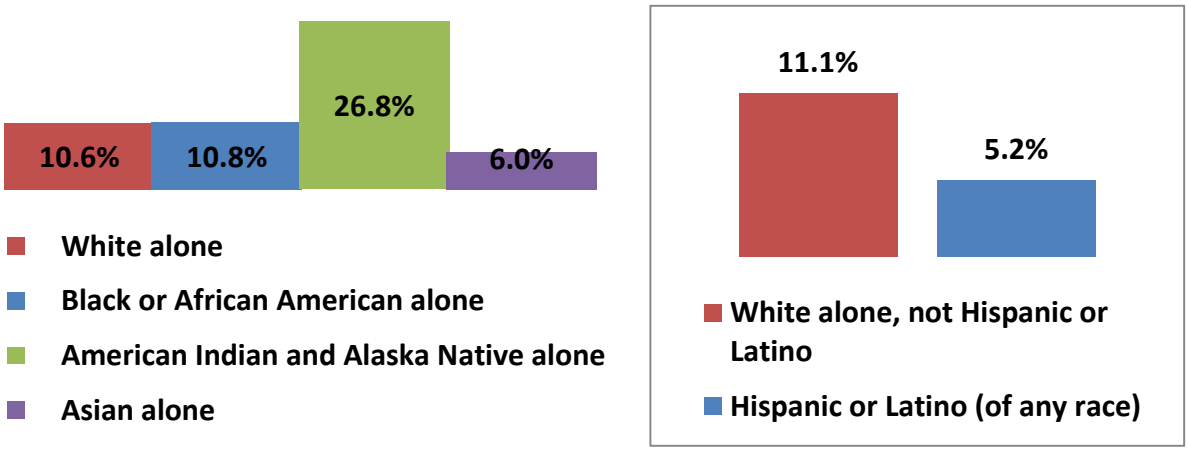
Figure 2. Disability Rate among Working-Age (18-64) Marylanders, by Types of Disability, Genders and Age, 2011



Source: 2011 American Community Survey 1-Year Estimates, Maryland, Tables C18101 to C18107, Sex by Age by Disability Status, hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty, JFI calculations; and Tables B18101 to B18107, Sex by Age by Disability Status, hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty, JFI calculations. Universe: civilian non-institutionalized populations within each demographic group.

Figure 3 shows that among working-age Marylanders, African Americans are similarly likely to report a disability than white counterparts. However, Native Americans are more than twice as likely to have a disability, while in contrast people of Asian descent are much less likely to be associated with a reported disability. White Marylanders are twice as likely as Hispanics to identify themselves as experiencing a disability.

Figure 3. Disability Rate by Race and Ethnicity in Maryland, 2011

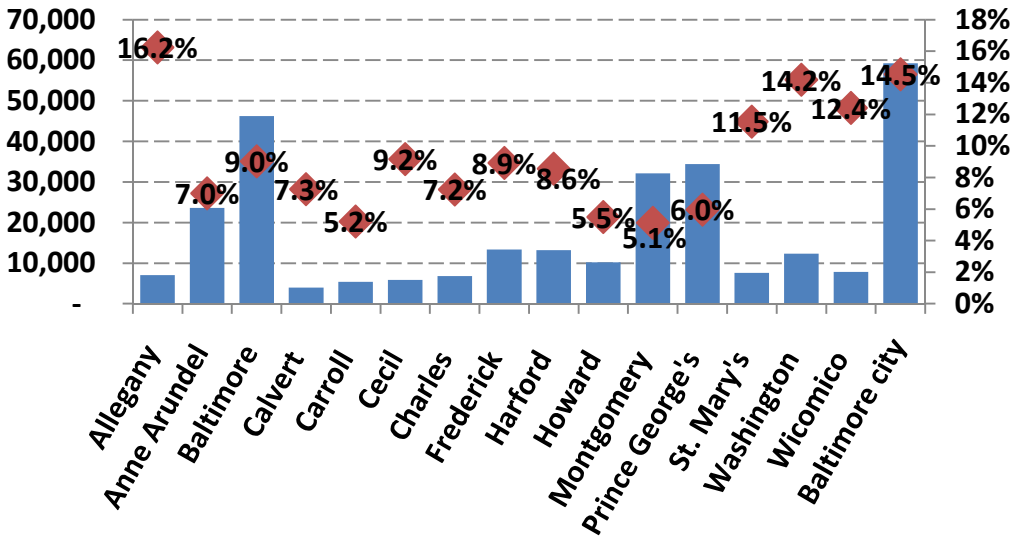


Source: 2011 American Community Survey 1-Year Estimates, Maryland, Table S1810, Disability Characteristics. Universe: civilian non-institutionalized population in each race or ethnicity group in Maryland.

Partly due to different sizes and population densities, the disability rate in Maryland varies in different counties. As shown with red diamonds in Figure 4, almost one out of six working-age Allegany County residents has a disability, highest among all counties and Baltimore City. Montgomery County has the

lowest disability rate; about one in 20 working-age residents have a disability. Baltimore City, Washington County, Wicomico County and St. Mary's County have the second to fifth highest rate of disability among working-age Marylanders.

Figure 4. Disability Rate and Population Estimates Among Working Age (18-64) Marylanders, by County/City, 2011

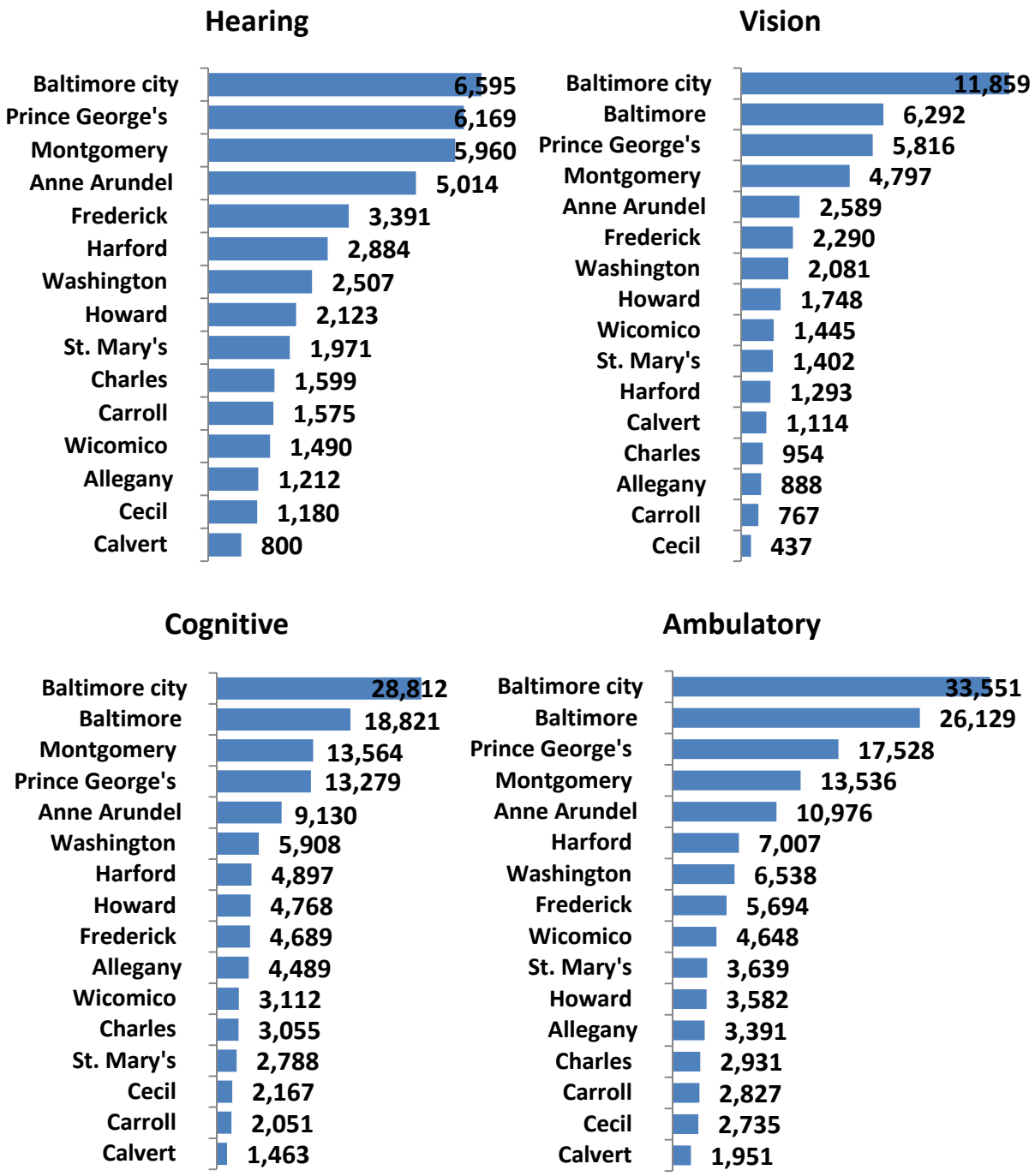


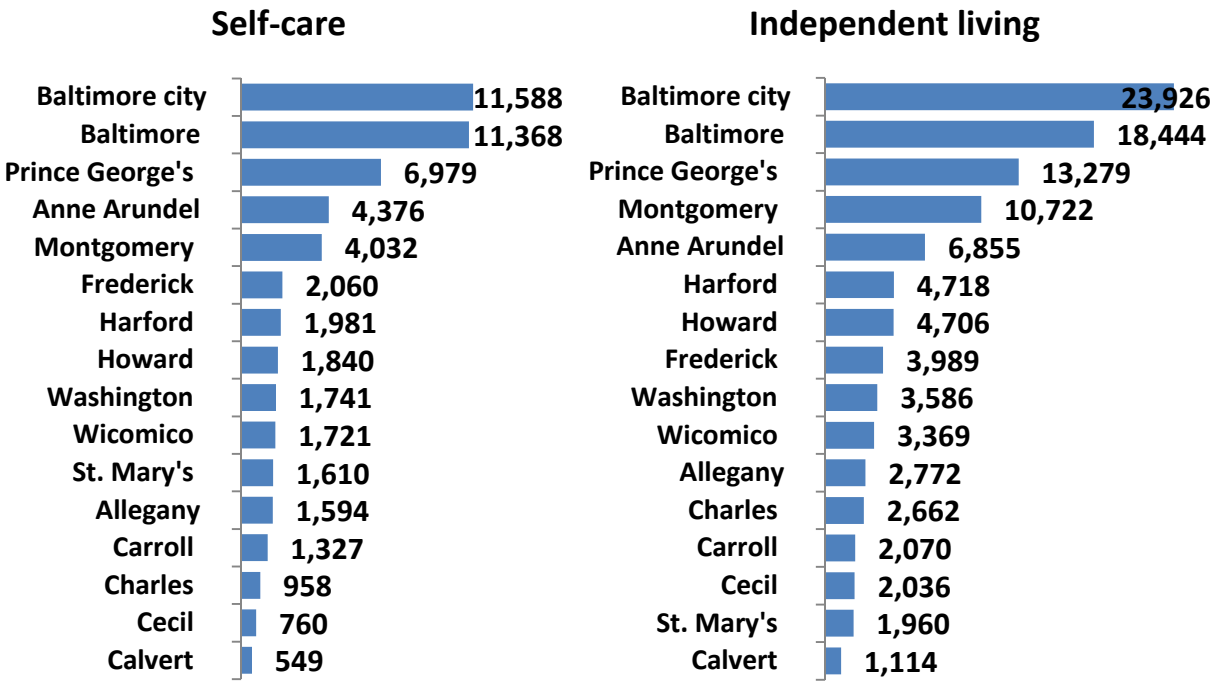
Source: 2011 American Community Survey 1-Year Estimates, All counties in Maryland except those counties that do not meet minimum population requirements for the American Community Survey to report meaningful results for its 1-year estimates), Tables DP02, Selected Social Characteristics in the United States. Universe: civilian non-institutionalized populations age 18-64.

Also shown in Figure 4 with blue bars, are counts of individuals with a reported disability, which varied widely across Maryland counties. The top five counties have disability populations ranging from 23,600 in Anne Arundel to 59,300 in Baltimore City, while the remaining counties have disability populations around or below 10,000.

Figure 5 lists all counties with descending numbers of individuals with a specific type of disability. Baltimore City has the largest count of individuals with each type of disability.

Figure 5. Sizes of Working-Age Populations (18-64) with a Disability, By Types of Disability and County, 2011



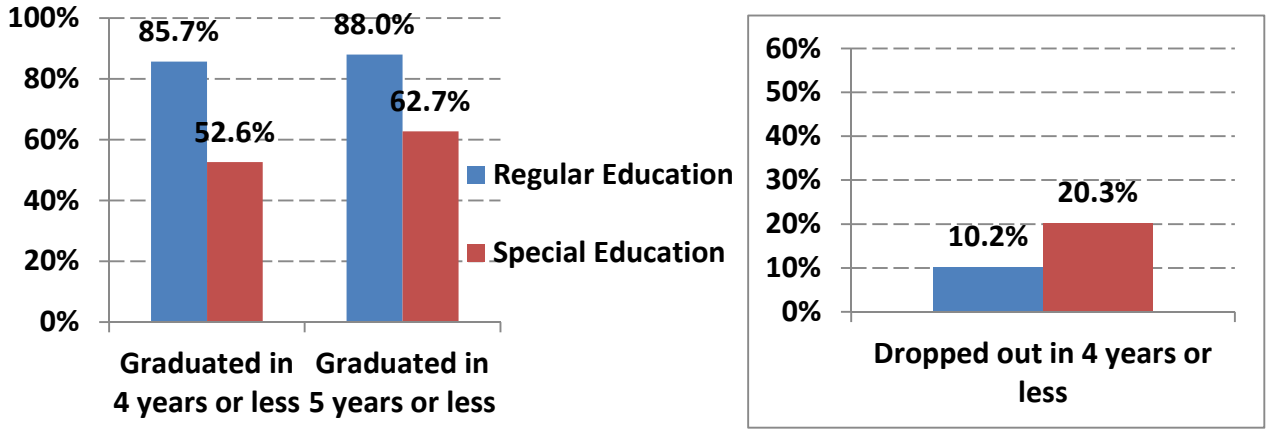


Source: 2011 American Community Survey 1-Year Estimates, All counties in Maryland except those counties that do not meet minimum population requirements for the American Community Survey to report meaningful results for its 1-year estimates), Tables C18101 to C18107, Sex by Age by Disability Status. Population numbers are rounded to hundreds because Census gives an estimate out of sampling. Universe: civilian non-institutionalized populations age 18-64.

High School education is of concern because individuals with disabilities and without a high school diploma or equivalent face more hurdles in finding employment. Further, once individuals with disabilities receive public benefits it is harder for them to reenter the labor market, leading them to rely on these benefits for a longer period of time.

In Maryland, high school students in special education lag behind students receiving regular education in both graduation rate and dropout rate. Figure 6 shows that slightly more than half of the students in special education graduated in four years, while 86% of regular students graduated within that same timeframe. The graduation gap lessens somewhat but persists even if these students are tracked beyond the traditional four years, to five years. Students in special education are twice as likely to leave school for reasons other than death within the four-year period of grade 9 to 12.

Figure 6. High School Education in Maryland, by Disability Status, 2011

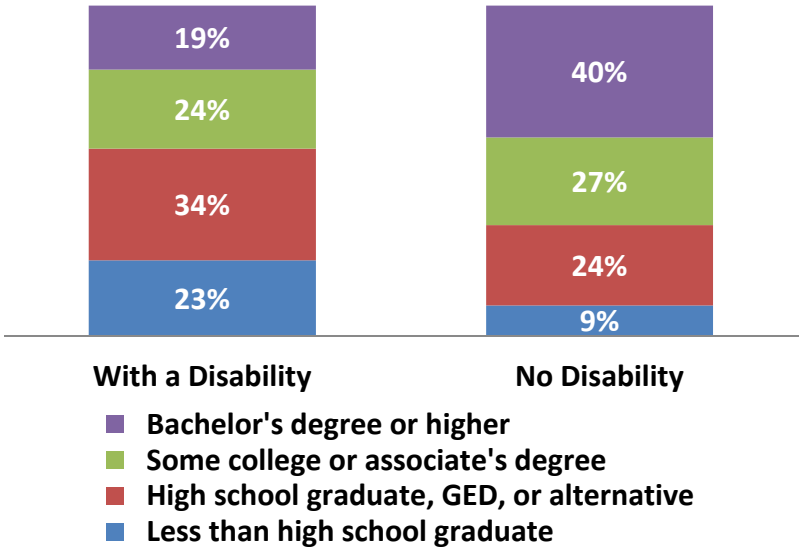


Source: Maryland State Report Card, Graduation rate for 5-year adjusted cohort: http://www.mdreportcard.org/CohortGradRate.aspx?PV=163:12:99:AAAA:1:N:0:1:1:2:1:1:1:1:3; Graduation rate for 4-year adjusted cohort: http://www.mdreportcard.org/CohortGradRate.aspx?PV=160:12:99:AAAA:1:N:0:1:1:1:0:1:1:1:3&SORT=2; Dropout rate for the 4-year adjusted cohort: http://www.mdreportcard.org/CohortDropoutRate.aspx?PV=171:12:99:AAAA:1:N:0:1:1:1:0:1:1:1:3&SORT=2#datatable233.

Transitioning from secondary education to postsecondary education or competitive employment is especially challenging to young individuals with disabilities. Planning for and choices made at this stage have long lasting impacts both on the quality of life for these individuals and on fiscal solvency. The Maryland State Department of Education included in its performance measurement specific indicators to measure these transition services.[4] For Maryland youth aged 16 and older with an Individualized Education Plan, 98% established goals related to their transition needs in FFY 2011. In FFY 2011, 25% of students in special education are enrolled in higher education within one year of leaving high school; 58% of those are enrolled in higher education or are competitively employed; and 86% are enrolled in higher education or some other postsecondary education or training programs, competitively employed or in some other employment.[5]

Particularly relevant to earning outcomes is an individual's education attainment. Figure 7 shows that individuals without a disability are more than twice as likely to have a bachelor's degree or higher than those with a disability. The comparison of percentages without a high school diploma among the two population groups highlights an even greater disparity. While more than nine out of ten non-disabled working-age Marylanders have a high school diploma, less than one in four working-age Marylanders with a disability successfully completed their high school education.

Figure 7. Education Attainment of Marylanders 25 and over, by Disability Status, 2011

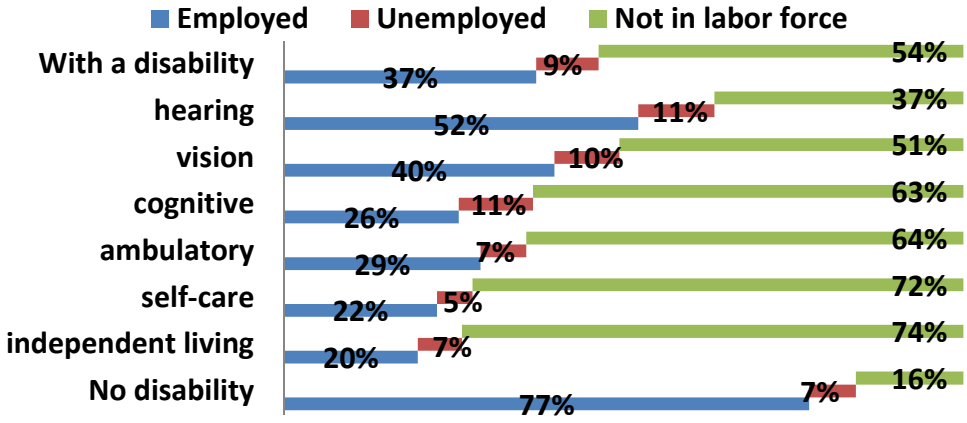


Source: 2011 American Community Survey 1-Year Estimates, Maryland, Table S1811, Selected Economic Characteristics for the Civilian Non-institutionalized Population by Disability Status. Universe: civilian non-institutionalized populations age 25 and over.

Figure 8 focuses on the proportion of individuals employed among working-age Marylanders who reported each disability type and highlights that while 3 out of 4 working-age Marylanders without a disability are employed, merely 1 in 5 among those experiencing self-care and independent-living difficulty have a job. Those with hearing and vision difficulties have slightly higher employment rates: 40% to 52% of them are working.

Labor force participation gaps facing individuals with disabilities highlights the barriers to obtaining economic security compared to their peers without disabilities. Those with any disability are more than three times as likely to exit the labor force as their non-disabled peers. Self-selecting to exit the labor market furthers the reliance on public benefits for these individuals, perpetuating poverty.

Figure 8. Labor Force Participation and Employment among Marylanders 18 to 64 Years, by Disability Status and Types of Disability, 2011

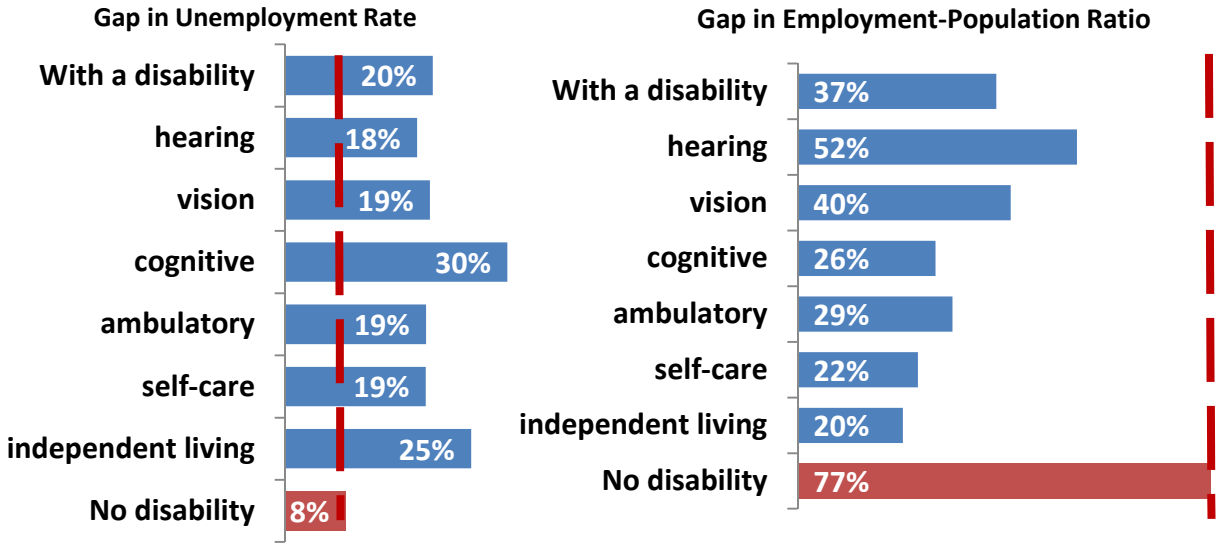


Source: 2011 American Community Survey 1-Year Estimates, Maryland, Table B18120, Employment Status by Disability Status and Type. Universe: civilian non-institutionalized populations age 18 to 64 within each group of disability status.

The traditional unemployment rate, regularly cited by mass media, calculates the proportion of those unemployed out of everyone who is **actively** looking for work (red portions out of the red and blue portions in Figure 8). Such calculations mask real gaps by excluding those who stopped looking for work (the green portions in Figure 8), which comprise much larger segments for populations with any disability. Again, the bulk of individuals with a disability are NOT working and NOT ACTIVELY SEEKING work, and therefore never appear in the unemployment data as reported and monitored by the media and government.

Figure 9 specifically compares gaps in real employment-population ratios shown on the right, which takes into account labor force exits, with gaps in traditional unemployment rates shown on the left. Counting only those actively looking for work, 10%-22% more of individuals with a disability are unemployed depending on the disability type, comparing to those without a disability. However when taking into account labor force exits, real employment gaps are much wider; specifically only 20% to 26% of those with a cognitive difficulty, a self-care difficulty or an independent living difficulty have a job, while more than 3 quarters of those without a disability have a job. Such gaps in the employment-population ratios are more than three-fold, much larger than the 10%-22% differences in the unemployed populations.

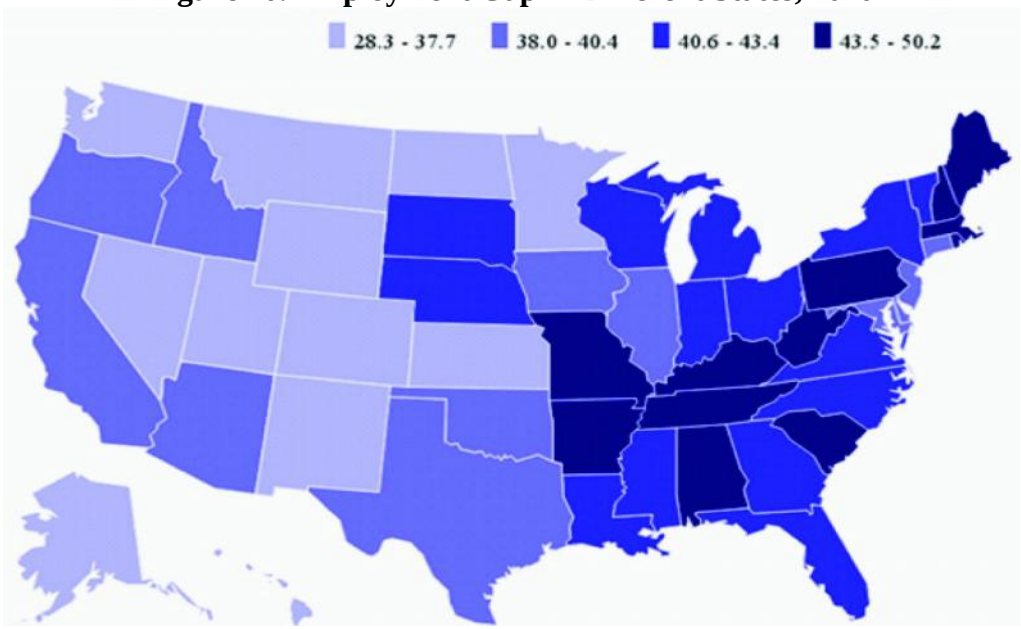
Figure 9. Labor Force Participation and Employment Gaps among Working Age (18-64) Marylanders, by Disability Status and Types of Disability, 2011



Source: 2011 American Community Survey 1-Year Estimates, Maryland, Table B18120, Employment Status by Disability Status and Type, JFI calculations. Universe: real employment gap: civilian non-institutionalized populations age 18 to 64 within each group of disability status; gap in employment rate: civilian non-institutionalized populations age 18 to 64 within each group of disability status, and those still actively looking for work.

Working-age Marylanders with a disability experience smaller employment gaps than residents in most other states, possibly due to the strong emphasis on hiring of individuals with a disability by the Federal government. Figure 10 displays all states according to their employment-population ratios. It is calculated by dividing the employment rates[6] of working age individuals without a disability by the employment rates of those with a disability. The larger the number, the darker the shade of blue, and therefore the larger the employment gap experienced by the disability community within a given state. Maryland belongs to the group with the relatively smaller employment gap.

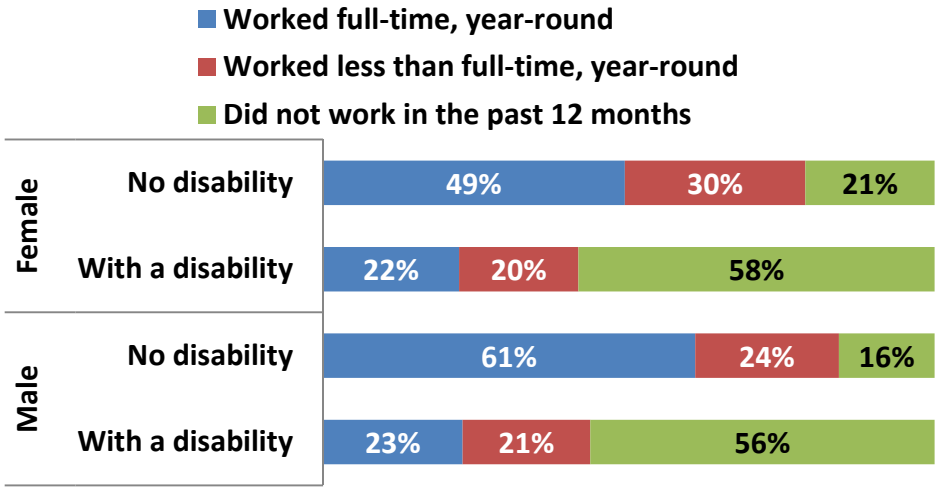
Figure 10. Employment Gap in Different States, 2010



Source: Calculations by Cornell University, Employment and Disability Institute, 2010 American Community Survey, Public Use Microdata Samples (PUMS). Estimates are for working age (21-64) civilian non-institutionalized population.

Individuals with a disability not only experience labor force participation and employment gaps; they also work fewer hours and less consistently throughout the year. Figure 11 shows that while 5 out of 10 females and 6 out of 10 males without a disability worked full-time year round in 2011, less than 1 in 4 individuals with a disability are in comparable positions. The same trend shows in proportions of those who worked less than full-time and year-round, as shown in the red segments below, signaling the benefits of flexible schedules for individuals with a disability. Compared to their peers without disabilities, males with a disability are more than three times as likely to have no employment and females with a disability are more than twice as likely to be out of work.

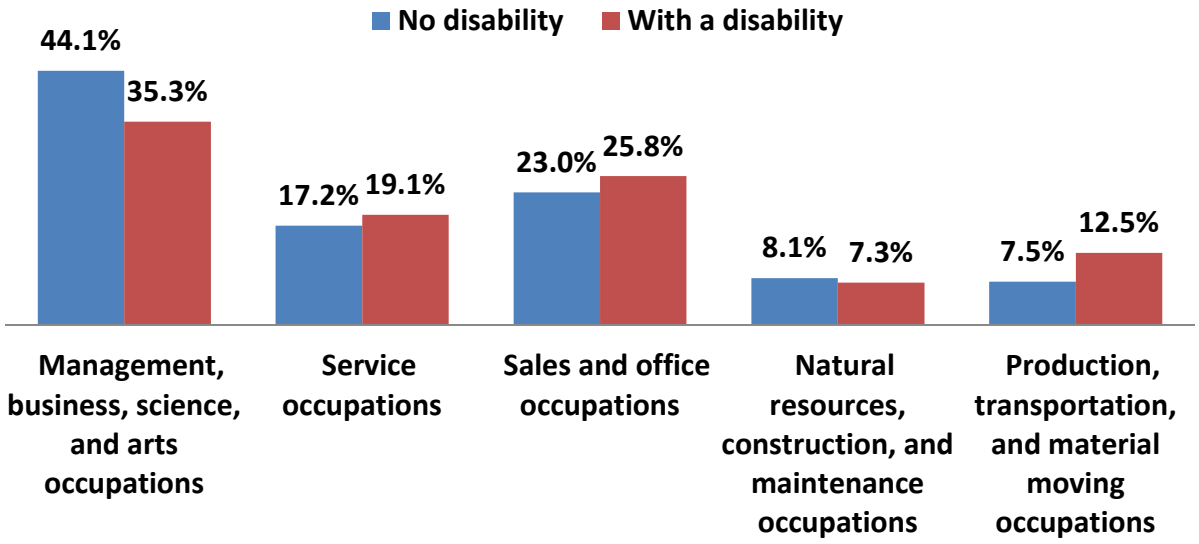
Figure 11. Work Status by Disability by Sex, for Populations 16 to 64 Years in Maryland, 2011



Source: 2011 American Community Survey 1-Year Estimates, Maryland, Table C23023, Sex by Disability Status by Full-time Work Status in the past 12 Months for the population of 16 to 64 years. Universe: civilian non-institutionalized population 16 to 64 Years.

Occupation distributions within each industry have significant implications for an individual's wage level and financial security. Management and professional occupations are often associated with higher pay; therefore individuals in these occupations are more likely to enjoy economic independence. Not surprisingly, working-age Marylanders with a disability are not as likely to be in management and professional occupations than their non-disable peers. This may be linked to the group's lower education attainment.

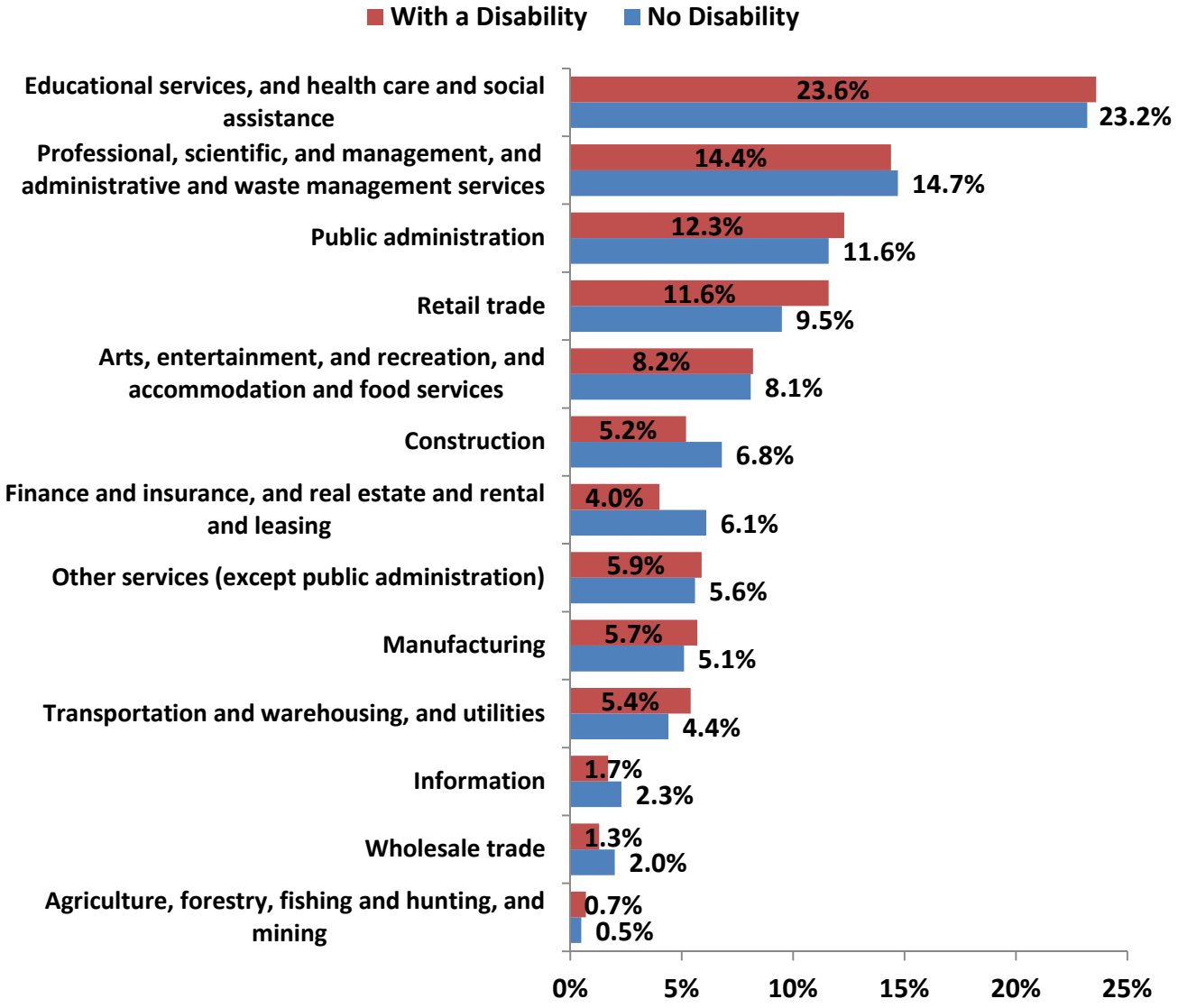
Figure 12. Occupation Distribution by Disability Status in Maryland, 2011



Source: 2011 American Community Survey 1-Year Estimates, Maryland, Table S1811, Selected Economic Characteristics for the Civilian Non-institutionalized Population by Disability Status. Universe: civilian non-institutionalized populations age 16 and over.

Industry distributions allow better understanding of the types of jobs that working-age individuals with a disability tend to end up in. As shown in Figure 13, individuals with a disability are represented at visibly higher levels in retail trade than others with no disability. On the other hand, those with a disability are slightly less likely to report employment in finance and insurance, and real estate and rental and leasing.

Figure 13. Industry Distribution by Disability Status in Maryland, 2011



Source: 2011 American Community Survey 1-Year Estimates, Maryland, Table S1811, Selected Economic Characteristics for the Civilian Non-institutionalized Population by Disability Status. Universe: civilian non-institutionalized populations age 16 and over.

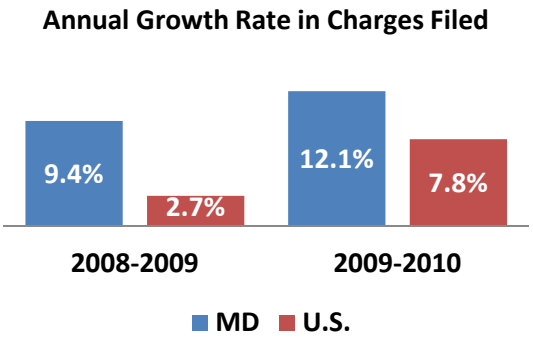
Litigation data provides another perspective to analyze employment barriers facing Marylanders with a disability. In Figure 14, we used data files extracted from the Equal Employment Opportunity Commission's (EEOC's) Integrated Mission System (IMS), including both open and closed charges filed from the beginning of fiscal year 2008 to the end of fiscal year 2010 in the 50 United States and the District of Columbia. The IMS includes charges filed with both with the EEOC and state and local Fair Employment Practice Agencies (FEPAs). We included both EEOC and FEPA charges.

This data represents, at minimum, perceived and possibly real barriers to employment by individuals with a disability in the labor market. In Maryland, the top three issues cited are discharges, reasonable accommodation and terms/conditions of employment. Other disability, retaliation, and orthopedic/structural back impairment are the top three most cited basis. These trends are comparable

to national statistics, with the exception that being regarded as disabled was much more often cited among U.S. ADA charges.

Figure 14. Number of Charges Filed and Ten Most Commonly Cited Issues and Bases among Maryland and U.S. ADA Charges: 2008-2010

Year	ADA Charges filed by MD residents	ADA Charges filed in U.S.
2008	681	34,242
2009	745	35,156
2010	835	37,890



Top 10 specific issues cited on MD ADA charges	% of charges citing issue	
	MD	US
Discharge	56.7	59.14
Reasonable Accommodation	30.61	29.94
Terms/Conditions	24.55	21.01
Harassment	20.96	16.12
Discipline	9.95	10.51
Hiring	6.99	6.10
Assignment	4.56	3.50
Constructive Discharge	4.38	4.23
Other	3.98	6.46
Suspension	3.76	3.36

Top 10 specific bases cited on MD ADA charges	% of charges citing basis	
	MD	US
Other Disability	25.61	28.70
Retaliation	21.41	21.26
Orthopedic/Structural Back Impairment	8.67	9.61
Regarded as Disabled	8.45	12.23
Non-paralytic Orthopedic Impairment	7.61	7.19
Depression	7.34	6.23
Diabetes	5.09	4.83
Other Anxiety Disorder	5.04	4.37
Record of Disability	4.64	5.59
Manic Depression (Bi-Polar)	4.25	3.43

Note: von Schrader, S. (2012)

1. Data files for analysis of charge data were extracted from the Equal Employment Opportunity Commission's (EEOC's) Integrated Mission System (IMS). Summaries of data are based on our aggregations and do not represent the EEOC's official aggregation of the data.

The findings and their interpretation do not necessarily represent the policy of the Department of Education or the U.S. Equal Employment Opportunity Commission, and you should not assume endorsement by the Federal Government (Edgar, 75.620 (b)).

2. The confidentiality of the charge data was protected by aggregating the data and suppressing all aggregations representing fewer than 30 charges.

3. The IMS includes charges filed with the EEOC and state and local Fair Employment Practice Agencies (FEPAs). Both EEOC and FEPA (open and closed) charges filed from the beginning of fiscal year 2008 to the end of fiscal year 2010 are included in this analysis. Summaries are at the charge level; however a single charge may cite multiple issues, bases or statutes (e.g., the ADA, the Age Discrimination in Employment Act (ADEA), or Title VII of the Civil Rights Act (Title VII)). The U.S. calculations include the 50 states and District of Columbia.

4. The statistics reported in these materials are derived from data files obtained under an agreement from the U.S. Equal Employment Opportunity Commission. Sarah von Schrader obtained an Intergovernmental Personnel Act (IPA) positions at the EEOC, which has afforded her access to the EEOC's Integrated Mission System which includes detailed information on every charge the EEOC receives, as well as those which are dually-filed with FEPAs. Further information about the IPA should be directed to Sarah von Schrader (Email: sv282@cornell.edu).

5. For a further description of the methods used to construct the data files used for analysis, please see: Bjelland, M. J., Bruyère, S. M., von Schrader, S., Houtenville, A. J., Ruiz-Quintanilla, A., & Webber, D. A. (2010). Age and disability employment discrimination: occupational rehabilitation implications. Journal of occupational rehabilitation, 20(4), 456â€“71. doi:10.1007/s10926-009-9194-z. Full text available at: http://www.springerlink.com/content/g4503070w2x75028/

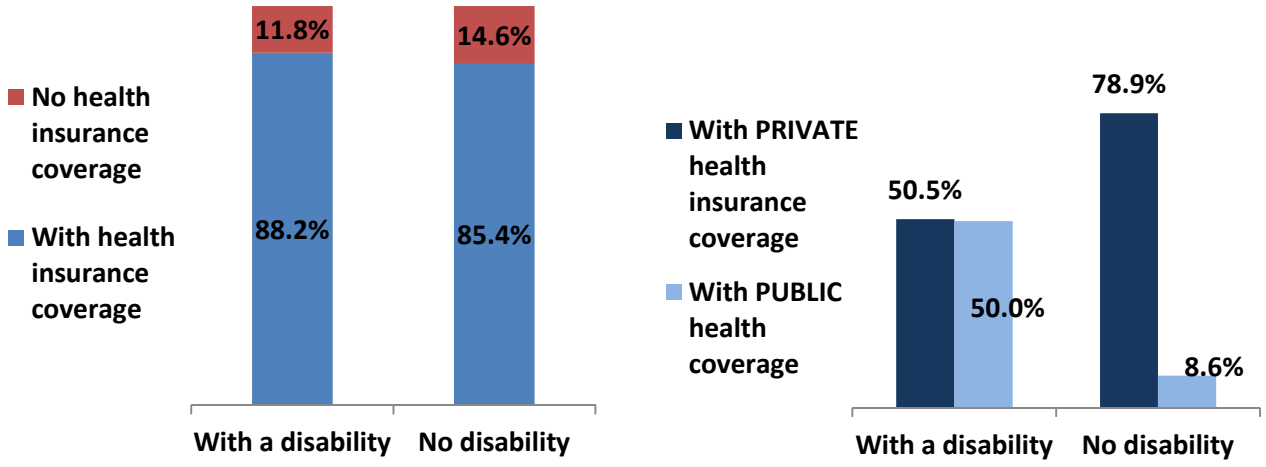
6. For more information about disability discrimination and the charge filing process, please visit the EEOC's website at http://www.eeoc.gov/laws/types/disability.cfm

Because of their more significant health care needs, many individuals with a disability do not attempt to work for fear of losing their public health coverage. Often, public healthcare coverage such as Medicaid provides broader coverage then what is available in the private sector and yet the medications and other critical supports public healthcare offers enables many individuals to be able to work. Figure 15 shows that there is a large group of Marylanders with a disability covered by public programs, while only less than 9% of those with no disability are covered by public programs. Far fewer individuals with a disability are able to access employer-sponsored private insurance, due in part to their lower employment rate.

A convention in health care research posits that those receiving private coverage often have better access to health care than those receiving public coverage as Medicaid and Medicare often provide less choice in doctors, procedures and medicine. However, those who do not have any coverage are even worse off. Their chronic conditions can be easily neglected or poorly managed. The good news is that Marylanders with a disability are less likely to lack any coverage than Marylanders without disabilities, ensuring their access to health care and protecting Maryland's health care system from uncompensated care associated with this population group. (NCD 2008, Keeping Track)

In response to both the 2010 Affordable Care Act (ACA) and policy priorities within Maryland, healthcare coverage through Medicaid has been expanded to more individuals at or merely above poverty levels. More measures specified in the ACA include health insurance exchanges and government subsidies, aiming to help those with low to moderate income but not eligible for Medicaid to obtain coverage. Because individuals with disabilities disproportionately fall into these low income groups, we are optimistic that health insurance coverage among individuals with disabilities will further expand as these ACA measures go into full force in late 2013 and early 2014.

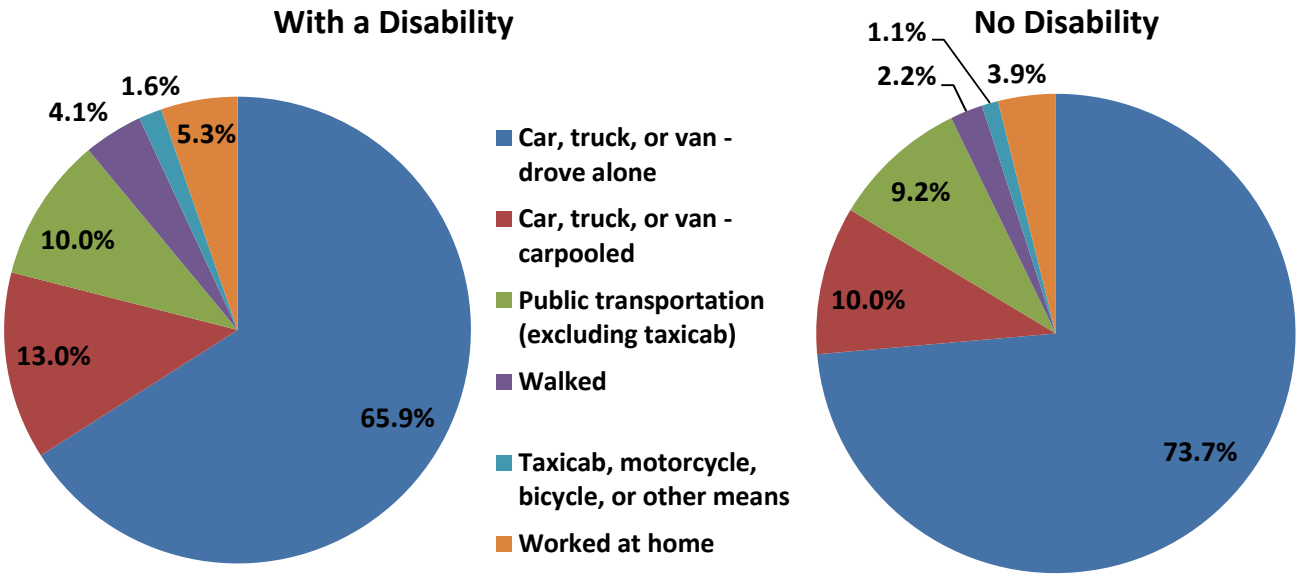
Figure 15. Health Coverage in Maryland among Working-Age Marylanders (18-64) by Disability Status, 2011



Source: 2011 American Community Survey 1-Year Estimates, Maryland, Table B18135, Age by Disability Status by Health Insurance Coverage Status. Universe: civilian non-institutionalized population 16- 64.

The ability to work is inextricably linked to the ability to get to and from job sites. The following pie charts summarize commuting methods of working age Marylanders in 2011. Those with a disability are just as less likely to go to work by car, truck or van driven alone as their peers without disabilities, at 66% versus 74%. The rest of the workers, 34% or 26% out of 10 with or without disabilities, rely on other commuting methods. These workers can all benefit from better access to carpool information, accessible public transportation vehicles, available bicycle lanes and sidewalks, and better coordinated services that ensure linkages and provides transportation across jurisdiction lines.

Figure 16. How Maryland Workers (16 and over) Go to Work in 2010



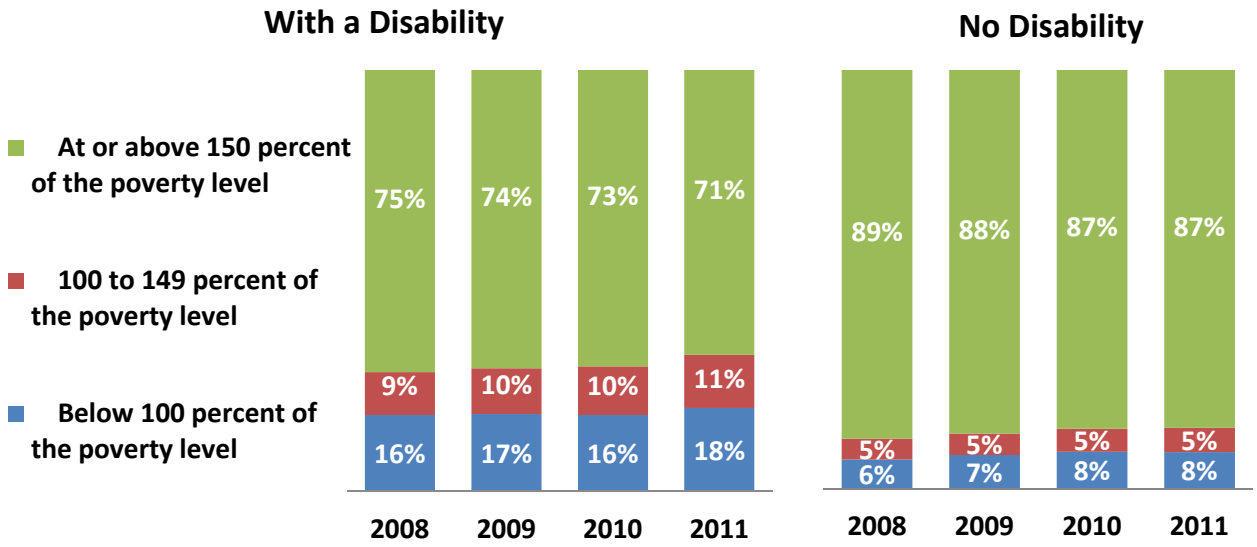
Source: 2011 American Community Survey 1-Year Estimates, Maryland, Table S1811, Selected Economic Characteristics for the Civilian Non-institutionalized Population by Disability Status. Universe: workers 16 and over.

The Recent Recession and the Disability Community in Maryland

Next we turn our attention to workers with a disability and examine how the recession has impacted their earnings and income. Although it is beneficial to compare earning outcomes of the disability community before and after the onset of the recent recession, the American Community Survey changed its disability questions in 2008 and advised against comparing its disclosed disability indicators before and after 2008. We compared the earning outcomes and poverty status of these individuals as the recession progressed in 2008 and receded 2010.

As the ever widening gaps in earnings and income below will testify further, there is an ongoing disproportionate representation of individuals with a disability living in poverty. Figure 17 shows that individuals with a disability are about twice as likely to be below 149 percent of the federal poverty line as their peers without disabilities.

Figure 17. Poverty Status of Working Age Population (16+) by Disability Status in Maryland, 2008-2011

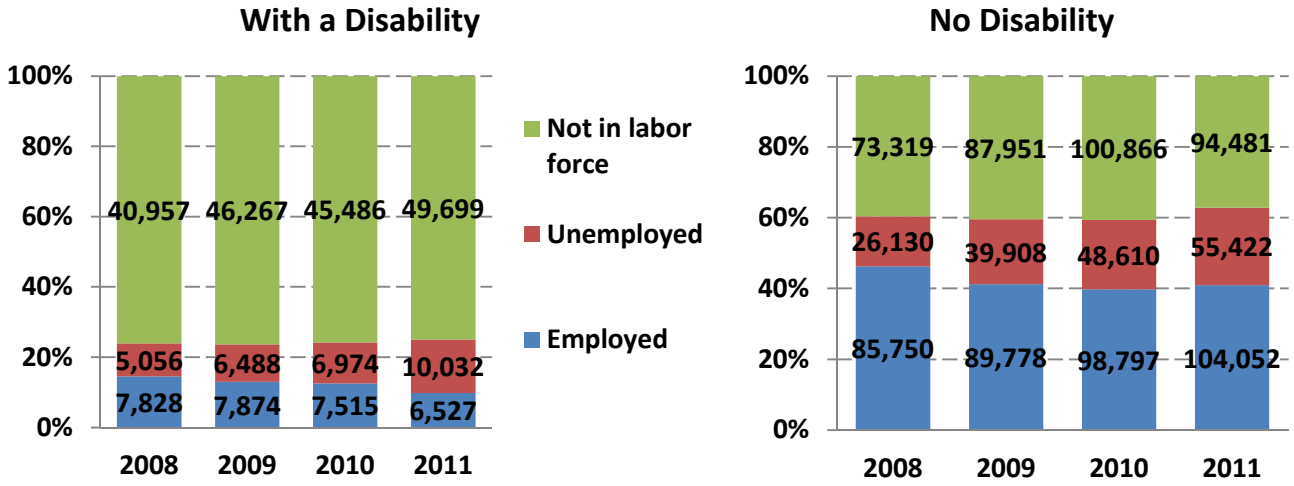


Source: 2008- 2011 American Community Survey 1-Year Estimates, Maryland, Table S1811, Selected Economic Characteristics for the Civilian Non-institutionalized Population by Disability Status. Universe: population age 16 and over for whom poverty status is determined.

Income support, (SSI) was created for individuals with a disability based on a determination that they are unable to work due to disability. However these public income supports often serve to ensure an individual with disabilities remain in poverty through discouraging employment attempts, as such attempts could lead to immature termination of benefits, ending the support of last resort. Employment is still the most effective way for all individuals, regardless of disability, to escape poverty and pursue social inclusion. More recently public policy has shifted to offering work incentives that encourage individuals with a disability to seek employment. Figure 18 shows that among those who had an income below poverty level in the past 12 months, about 60% Maryland residents age 20 to 64 with no disability are in the labor force, compared to over 20% with a disability. The larger proportion of those with a disability, not in the labor force with an income below the poverty level in the past 12 months are likely to receive some form of government assistance. However the amount of assistance is so low that

employment is an option worth strong consideration given the work incentives and other supports available.

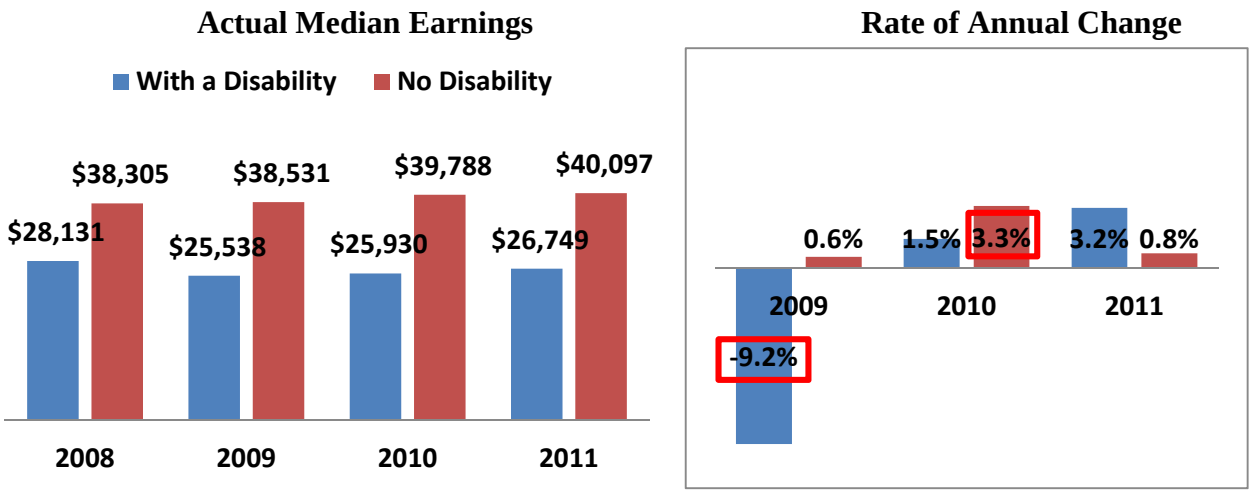
Figure 18. Income in the past 12 Months below Poverty Level among Population 20-64 By Disability and Employment in Maryland, 2008-2011



Source: 2008- 2011 American Community Survey 1-Year Estimates, Maryland, Table B23024, Poverty Status in the Past 12 months by Disability Status by Employment Status for the Population 20 to 64 Years. Universe: Population 20 to 64 Years for Whom Poverty Status is Determined.

Figure 19 shows that the recession has widened the earnings gap and the disability community in particular has not seen any recovery close to pre-recession level. While Marylanders with no disabilities saw a modest increase in their median earnings of about two thousand dollars from 2008 to 2011, the median earnings of those with a disability shrank by more than two thousand dollars in 2009 and recovered very little by 2011. The median earning of those without a disability edged up to 40 thousand from 2008 to 2011, as the median earning of those with a disability dropped from $28,131 to $26,749. The red rectangles on the right highlighted statistically significant changes in median earnings. Again, workers with a disability experienced a 9.2% shortage in median earning in 2009 and regained marginally, while workers without a disability saw steady growth in post-recession median earning.

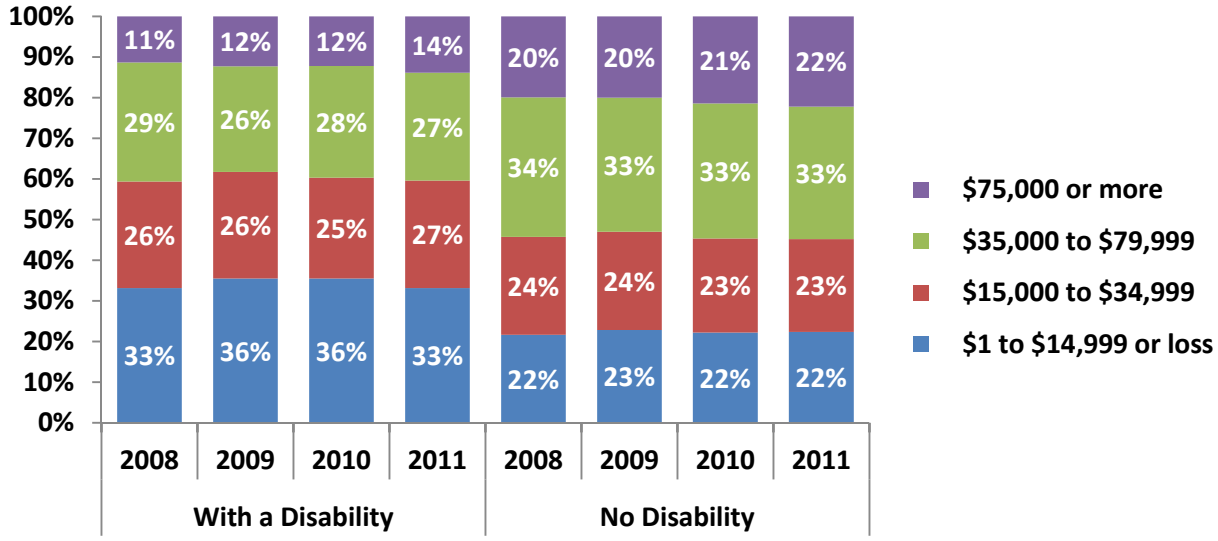
Figure 19. Median Earnings of Marylanders 16 Years and over, by Disability Status, in Inflation Adjusted 2011 Dollars[7], 2008-2011



Source: 2008, 2009, 2010 and 2011 American Community Survey 1-Year Estimates, Maryland, Table S1811, Selected Economic Characteristics for the Civilian Non-institutionalized Population by Disability Status. Universe: civilians populations age16 and over with earnings.

Figure 20 shows that although annual income distributions among those with and without a disability from 2008 to 2011 have remained relatively stable, income gaps between these two population groups persisted. Over 30% of those with a disability have an annual income of less than $15,000 and even experienced a net loss of income, in contrast to only 20% of those without a disability who are in a similarly disadvantaged position. Those without a disability are also twice as likely to earn an annual income of more than $75,000, but the gap grows narrower in 2011.

Figure 20. Annual Earnings of Populations 16+ by Disability Status in Maryland, 2008-2011



Source: 2008- 2011 American Community Survey 1-Year Estimates, Maryland, Table S1811, Selected Economic Characteristics for the Civilian Non-institutionalized Population by Disability Status. Universe: population age 16 and over with earnings.

Utilization of Programs for Individuals with a Disability

Supplemental Security Income (SSI)

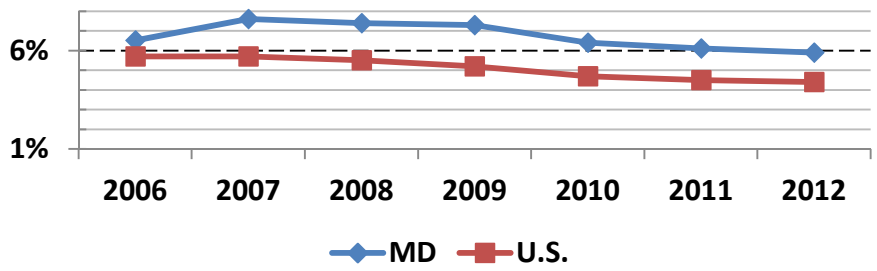
The Supplemental Security Income (SSI) program is a federal assistance program that guarantees a minimum level of income for needy, aged, blind, or individuals with disabilities. In December 2011, 16,672 individuals received both monthly SSI and Social Security on the basis of disability (see next section), getting an average monthly SSI payment of $214.11 in Maryland.[8] It is an important source of income for many individuals with a disability although many of these individuals work. Figure 21 shows that Maryland has a higher percentage of SSI recipients who work than national average. In 2011, about 6% of Maryland SSI recipients were working, compared to only 4% in the United States. However percentages of SSI recipients who work share similar decreasing trends in recent years in both Maryland and the United States.

Work incentives allow benefit recipients to maintain their income support and medical benefits when they first start to work, provide continuing benefits for many workers until they are earning enough to replace lost benefits, and enable workers to later resume benefits if they stop working due to their disability. These programs play an important role when individuals with a disability make decisions to enter or reenter the labor market.

Figure 22 shows that numbers of SSI recipients benefiting from work incentives in the United States reflect a steady downward trend from 2006 to 2012, while the trend seems to halt in 2010 in Maryland. Impairment Related Work Expenses (IRWE) (a deduction for disability-related expenses that a worker pays in order to work, which keeps SSI checks higher) is better utilized in both Maryland and the U.S. The Plan to Achieve Self-Support (PASS) (a work incentive that lets workers keep more SSI to offset costs they pay to reach a work goal to increase their earnings) and Blind Work Expenses (BWE) (a deduction for all work-related expenses for which a blind worker pays, which keeps SSI checks higher) have similar utilization rates in Maryland and the U.S., both of which are much lower than IRWE. BWE is used less because it is only available to blind workers, a small subset of SSI beneficiaries.

Behind decreasing utilization of these work incentive programs could be a combination of factors, including that the recession reduces job opportunities and the availability of benefits counseling (a service that helps people to understand the impact of work on benefits and to effectively utilize work incentives) has been limited.

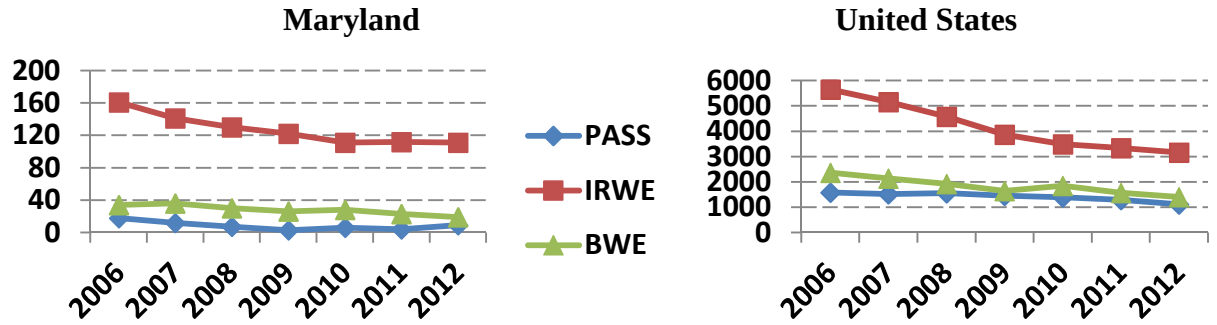
Figure 21. Percentage of SSI Recipients Working, 2006-2012



Source: Social Security Administration, SSI Annual Statistical Report, 2006 Table 9 Recipients, by state or other area, eligibility category, and age December 2006 and 2006 Table 29 Recipients who work by state or other area, December 2006; 2007 Table 40 Blind and disabled recipient s who work, by

state or other area, December 2007; 2008-2012 Table 41 Blind and disabled recipient s who work, by state or other area, December 2008- 2012; 2012 Table 40 Blind and disabled recipients who work, selected months 1976-2012.

Figure 22. Number of SSI Recipients Benefiting from Work Incentives, 2006-2012



Source: Social Security Administration, SSI Annual Statistical Report, 2007 Table 52, Recipients benefiting from specified work incentives, by state or other area and provision, December 2007; SSI Annual Statistical Report, 2008-2012 Table 53, Recipients benefiting from specified work incentives, by state or other area and provision, December 2008-2012; SSI Annual Statistical Report, 2006 Table 30, Recipients benefiting from specified work incentives, by state or other area, December 2006.

Social Security Disability Insurance (SSDI)

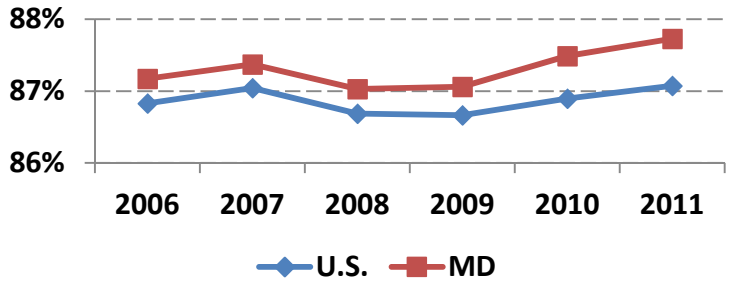
In 2011, approximately 3.5% working age Marylanders received Social Security Disability Benefits (SSDI), compared to 4.6% working age Americans, according to the Social Security Administration's Annual Statistical Report on the Social Security Disability Insurance Program, 2011.[9] The proportion of SSDI recipients being a disabled worker rather than widow(er) or adult children in Maryland dropped from 2006 to 2009, and later increased in 2011 and 2012, as shown in Figure 23. The proportion of SSDI workers in the U.S. followed a similar but smoother trend.

Among SSDI beneficiaries who are employed, a very small subset has had their benefits withheld or terminated as a result of substantial work or successful return to work. Most earn wages below the threshold for benefit withholding or terminations known as "substantial gainful activity (SGA)" (in 2011, the threshold is $1,000/month for non-blind individuals and $1,640/month for those who are blind). Some are only able to secure jobs with very low earnings, while others intentionally keep their earnings below the SGA level to protect their SSDI, a phenomenon known as "parking". Benefits counseling can aid in addressing some of the concerns of individuals who are consciously chosing to park but who are able to increase their earnings.

Figure 24 shows that only 0.5% of SSDI workers had their benefits withheld due to work in both Maryland and the United States from 2006 to 2009; both saw a dip in 2010 to 0.3% or 0.4%. In 2011 Maryland SSDI workers recovered the loss, while U.S. SSDI workers did not, possibly due to better economic conditions in Maryland than the U.S. at large. The trend has been slightly different for workers receiving SSDI who had their benefits terminated due to work (work at the SGA level must generally continue longer to terminate benefits than to simply have benefits withheld). In the U.S., the termination rate due to work hovered at 0.5% from 2006 – 2011, with a temporary dip to 0.4% in 2009. In Maryland, the rate has been significantly higher, alternating between 0.7% - 0.8% during the same period, and remains stable in the most recent years. The higher-than-average termination rate in Maryland may reflect greater availability of higher-wage jobs in the state (many in the federal workforce) that enable workers with a disability to work their way off SSDI. Because the SSDI benefit

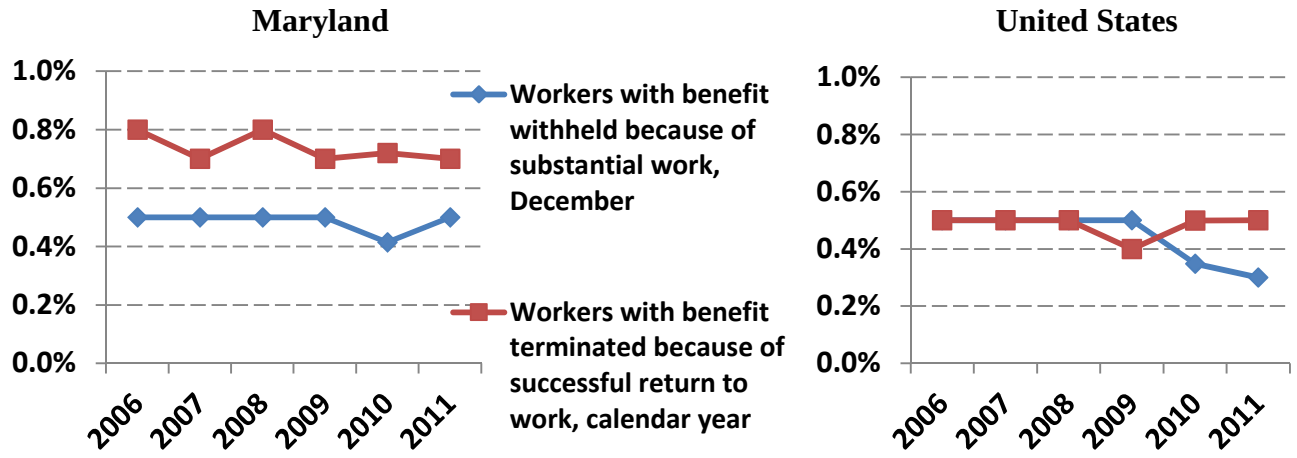
rolls have increased substantially, the higher percentage of workers whose benefits have been terminated due to work indicates even greater absolute numbers of beneficiaries have worked their way off benefits. This trend should be boosted by the increasing availability of benefits counseling that encourages workers to earn more.

Figure 23. Percentage of SSDI Workers, 2006-2011



Source: Social Security Administration, Annual Statistical Report on the Social Security Disability Insurance Program, 2006-2011 All Disabled Beneficiaries Table 9 Distribution, by state or other area, December.

Figure 24. Percentage of SSDI Workers with Benefits Withheld or Terminated because of Work, 2006-2011



Source: Social Security Administration, Annual Statistical Report on the Social Security Disability Insurance Program, 2006-2011, Disabled Workers Who Work Table 56, Distribution, by state or other area, December.

Medicaid Buy-In Program for Working People with a Disability (MBI-WPD)

Health coverage influences the decision of an individual with a disability to work, as lack of affordable health care services poses serious difficulties in such an individual's life. To address the concern that individuals with disabilities can lose their Medicaid or Medicare coverage if they choose to work, the MBI-WPD, in Maryland called the Employed Individual with Disabilities (EID) program allows working individuals with a disability to obtain Medicaid coverage through a small monthly premium. EID enables workers with a disability to retain Medicaid at higher income and asset levels than other Medicaid Buy-In programs, which encourages workers with a disability to earn and save more than they

would be able to normally. The services Medicaid provides – including personal attendant services and psychiatric rehabilitation services – are crucial for many individuals with a disability who could not work without them. Enrollment in EID has grown steadily since the program's inception in April 2006, and reached 770 in August of 2013.

Appendix. Definitions for the Top 10 Specific Impairments Cited on MD ADA Charges

"Depression is more than just sadness. People with depression may experience a lack of interest and pleasure in daily activities, significant weight loss or gain, insomnia or excessive sleeping, lack of energy, inability to concentrate, feelings of worthlessness or excessive guilt and recurrent thoughts of death or suicide."[10]

"Orthopedic Impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g.,cerebral palsy, amputations, and fractures or burns that cause contractures)."[11]

"Diabetes occurs when the pancreas does not produce any insulin or produces very little insulin, or when the body does not respond appropriately to insulin. Insulin is a hormone that is needed to convert sugar, starches, and other food into energy. The process of turning food into energy is crucial because the body depends on this energy for every action, from pumping blood and thinking to running and jumping. Although diabetes cannot be cured, it can be managed.

Diabetes is a disability when it substantially limits one or more of a person's major life activities. Major life activities are basic activities that an average person can perform with little or no difficulty, such as eating or caring for oneself. Diabetes also is a disability when it causes side effects or complications that substantially limit a major life activity. …Finally, diabetes is a disability when it does not significantly affect a person's everyday activities, but the employer treats the individual as if it does."[12]

Hearing impairments are conditions that affect the frequency and/or intensity of one's hearing, according to The Centers for Disease Control and Prevention (CDC). "Although the term 'deaf' is often mistakenly used to refer to all individuals with hearing difficulties, it actually describes a more limited group. According to the CDC, 'deaf' individuals do not hear well enough to rely on their hearing to process speech and language. Individuals with mild to moderate hearing impairments may be 'hard of hearing,' but are not 'deaf.' These individuals differ from deaf individuals in that they use their hearing to assist in communication with others.

A hearing impairment is a disability under the ADA if: (1) it substantially limits a major life activity; (2) it substantially limited a major life activity in the past; or (3) the employer regarded (or treated) the individual as if his or her hearing impairment was substantially limiting."[13]

The majority of **heart conditions** are diagnosed as high blood pressure, according to the American Heart Association. "Coronary heart disease, congenital heart failure, and stroke are also prominent. Heart valve abnormalities, congestive heart failure, enlarged heart, murmurs, hypertension, marfan syndrome, and rheumatic fever may also contribute to a heart condition. Congenital cardiovascular defects, present in one percent of live births, may be other causes. A person has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or is regarded as having impairment." [14]

"Cancer is a group of related diseases characterized by the out-of-control growth of abnormal cells caused both by external and internal factors such as chemicals, radiation, immune conditions, and inherited mutations. Different cancers have different risk factors. Many people with one or more risk factors never develop cancer, while others with this disease have no known risk factors. Different types of cancer vary in their rate of growth, pattern of spreading throughout the body, and response to treatment. Many types of cancer may be cured by surgery, radiation, chemotherapy, hormone therapy, and/or bone marrow transplant.

Cancer's effect on an individual depends on many factors, including the primary site of the cancer, stage of the disease, age and health of the individual, and type of treatment(s). The most common symptoms and side effects of cancer and/or its treatment are pain, fatigue, problems related to nutrition and weight management, nausea, vomiting, hair loss, low blood counts, memory and concentration loss, depression, and respiratory problems. Cancer is a disability under the ADA when it or its side effects substantially limit(s) one or more of a person's major life activities." [15]

"Anxiety is an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure. People with anxiety disorders usually have recurring intrusive thoughts or concerns. They may avoid certain situations out of worry. They may also have physical symptoms such as sweating, trembling, dizziness or a rapid heartbeat."[16]

"Bipolar disorder (manic depression), which causes a person to experience extreme highs and lows."[17] Similar to other impairments, bipolar disorder is a disability under the ADA only when its conditions substantially limit a major life activity, match records in the past, or are perceived by an employer as limiting work abilities.

Vision impairment is defined by the Centers for Disease Control and Prevention (CDC) to mean that a person's eyesight cannot be corrected to a "normal level." "Vision impairment may result in a loss of visual acuity, where an individual does not see objects as clearly as the average person, and/or in a loss of visual field, meaning that an individual cannot see as wide an area as the average person without moving the eyes or turning the head. There are varying degrees of vision impairments, and the terms used to describe them are not always consistent. The CDC and the World Health Organization define low vision as a visual acuity between 20/70 and 20/400 with the best possible correction, or a visual field of 20 degrees or less. Blindness is described as a visual acuity worse than 20/400 with the best possible correction, or a visual field of 10 degrees or less. In the United States, the term "legally blind," means a visual acuity of 20/200 or worse with the best possible correction, or a visual field of 20 degrees or less. Although there are varying degrees of vision impairments, the visual problems an individual faces cannot be described simply by the numbers; some people can see better than others with the same visual acuity.

A vision impairment is a disability if: (1) it substantially limits a major life activity; (2) it was substantially limiting in the past (i.e., if an individual has a "record of" a substantially limiting impairment); or (3) an employer "regards" or treats an individual as having a substantially limiting vision impairment. Major life activities are those basic activities, including seeing, that an average person can perform with little or no difficulty."[18]

Reference

Brault, Matthew W., Disability Status and the Characteristics of People in Group Quarters: A Brief Analysis of Disability Prevalence Among the Civilian Noninstitutionalized and Total Populations in the American Community Survey, February 2008.
http://www.census.gov/hhes/www/disability/GQdisability.pdf

Brault, Matthew W., Review of Changes to the Measurement of Disability in the 2008 American Community Survey, September 22, 2009,
http://www.census.gov/hhes/www/disability/2008ACS_disability.pdf

Hotchkiss, Julie L., The Labor Market Experience of Workers with Disabilities: The ADA and Beyond, W.E. Upjohn Institute for Employment Research Kalamazoo, Michigan, 2003.

Stapleton, David C., and Burkhauser, Richard V. Edited, The Decline in Employment of People with Disabilities: A Policy Puzzle, W.E. Upjohn Institute for Employment Research Kalamazoo, Michigan, 2003.

National Council on Disability. (2008). Keeping Track: National Disability Status and Program Performance Indicators.

Schrader, Sarah von, Erickson, William, Vilhubre, Lars, Golden, Thomas, New York State Disability & Employment Status Report 2010, Employment and Disability Institute, Cornell University.
http://www.ilr.cornell.edu/edi/nymakesworkpay/docs/Report_Card_2010/NYSReportCardStatusFINAL.html

She, Peiyun, David C. Stapleton. The Group Quarters Population. In Counting Working-Age People with Disabilities: What Current Data Tell Us and Options for Improvement, Andrew J. Houtenville, David C. Stapleton, Robert R. Weathers II, Richard V. Burkhauser, eds. Kalamazoo, MI: W.E. Upjohn Institute for Employment Research, pp. 353-379. 2009.

Social Security Administration, SSI Annual Statistical Report, 2009.
http://www.socialsecurity.gov/policy/docs/statcomps/ssi_asr/

Stapleton, David C. (2004). The Eligibility Definition Used in the Social Security Administration's Disability Programs Needs to Be Changed. Prepared for Presentation at the Social Security Advisory Board's Discussion Forum, April 14, 2004.

U.S. Census Bureau, A Compass for Understanding and Using American Community Survey Data: What PUMS Data Users Need to Know, February 2009.
http://www.census.gov/acs/www/Downloads/handbooks/ACSPUMS.pdf

U.S. Equal Employment Opportunities Commision. (2013, October 29). Questions and Answers on the Final Rule Implementing the ADA Amendments Act of 2008. Retrieved October 29, 2013, from Laws, Regulations and Guidance, U.S. Equal Employment Opportunities Commision:
http://www.eeoc.gov/laws/regulations/ada_qa_final_rule.cfm

United States Government Accountability Office, Federal Disability Assistance: Wide Array of Programs Needs to be Examined in Light of 21st Century Challenges, GAO-05-626, June 2005, http://www.gao.gov/htext/d05626.html

United States Government Accountability Office, Federal Workforce: Practices to Increase the Employment of Individuals with Disabilities, GAO-11-351T February 16, 2011, http://www.gao.gov/new.items/d11351t.pdf

von Schrader, S. (2012). Employment discrimination charges filed under the Americans with Disabilities Act (ADA) Ithaca, NY: Employer Practices Related to Employment Outcomes among Individuals with Disabilities (H133B100017). Retrieved from http://www.disabilitystatistics.org/eeoc/.

Weathers, Robert R II. The Disability Data Landscape. In Counting Working-Age People with Disabilities: What Current Data Tell Us and Options for Improvement, Andrew J. Houtenville, David C. Stapleton, Robert R. Weathers II, Richard V. Burkhauser, eds. Kalamazoo, MI: W.E. Upjohn Institute for Employment Research, pp. 27-67. 2009.

[1] This report heavily relies on the American Community Survey for several reasons: First, its unique combination of data on reported disability, demographic characteristics, earnings and income, and employment is helpful for examining factors related to the economic well-being of a consistent disability population; Second, its consistent operation after 2008 allows users to track trends with geographic details, which is not possible in any other national survey (Weathers 2009); Third, it includes part of the civilian populations living in group quarters, such as prisons, nursing homes, college dormitories, and military barracks, after 2006(She and Stapleton 2009, Houtenville et al., 2009); Fourth, it no longer uses the work limitation definition for disability which is widely disputed among researchers and policy makers; and fifth, it is one of the most reliable sources of data on the state and local level.

According to the Data Profiles from the American Community Survey, disability is defined as the interaction between a person's functional limitation and the physical and social environment. It is a dynamic concept that evolves with health status changes and technology advancement. ACS attempts to capture six types of disability, which can be used for an overall measure of disability, or representation of sub populations of individuals with disabilities. The six measured dimensions are hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty.

Because ACS implemented a new set of questions in 2008, disability data captured earlier is not suitable for comparisons and therefore omitted in this report. For more information about the changes in these questions, see *Review of Changes to the Measurement of Disability in the 2008 American Community Survey*, by Matthew W. Brault from the U.S. Census Bureau, September 22, 2009.

[2] 2010 American Community Survey 1-Year Estimates, Ranking Table R1810: Percent of People with a Disability.

[3] American Community Survey 2010 Subject Definitions, U.S. Census Bureau. http://www.census.gov/acs/www/Downloads/data_documentation/SubjectDefinitions/2010_ACSSubjectDefinitions.pdf

[4] The Maryland State Department of Education supplies these data. State Annual Performance Report (APR) for FFY 2011: http://mdideareport.org/SupportingDocuments/11-12_Part_B_APR.pdf.

[5] The Maryland State Department of Education supplies these data. State Annual Performance Report (APR) for FFY 2011: http://mdideareport.org/SupportingDocuments/11-12_Part_B_APR.pdf.

[6] See New York State Disability & Employment Status Report 2011, http://ilr-edi-r1.ilr.cornell.edu/nymakesworkpay/docs/Report_Card_2011/NYS%20Report%20Card%202011.pdf.

[7] Using adjustment factors available through Census. http://usa.ipums.org/usa/acsincadj.shtml

[8] Table 16, SSI Annual Statistical Report, 2011. http://www.socialsecurity.gov/policy/docs/statcomps/ssi_asr/

[9] http://www.ssa.gov/policy/docs/statcomps/di_asr/

[10] The American Psychological Association Website, Adapted from the Encyclopedia of Psychology. http://www.apa.org/topics/depress/index.aspx
[11] National Dissemination Center for Children with Disabilities, Categories of Disability under IDEA, http://nichcy.org/disability/categories#ortho
[12]The U.S. Equal Employment Opportunity Commission, Questions and Answers About Diabetes in the Workplace and the Americans with Disabilities Act (ADA), http://www.eeoc.gov/facts/diabetes.html
[13] The U.S. Equal Employment Opportunity Commission, Questions and Answers about Deafness and Hearing Impairments in the Workplace and the Americans with Disabilities Act, http://www.eeoc.gov/facts/deafness.html
[14] Job Accommodation Network, Accommodation and Compliance Series: Employees with Heart Conditions, https://askjan.org/media/Heart.html
[15] The U.S. Equal Employment Opportunity Commission, Questions and Answers About Cancer in the Workplace and the Americans with Disabilities Act (ADA), http://www.eeoc.gov/facts/cancer.html
[16] The American Psychological Association Website, Adapted from the Encyclopedia of Psychology. http://www.apa.org/topics/anxiety/index.aspx
[17] U.S. Department of Labor, Office of Disability Employment Policy, Entering the World of Work: What Youth with Mental Health Needs Should Know About Accommodations, http://www.dol.gov/odep/pubs/fact/transitioning.htm
[18] The U.S. Equal Employment Opportunity Commission, Questions and Answers About Blindness and Vision Impairments in the Workplace and the Americans with Disabilities Act, http://www.eeoc.gov/facts/blindness.html